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POSITION	ID NO.	DATE
CLASSIFIER	19	1/2/96
EXAMINER	313	1-5-96
TYPIST	432	1-9-96
VERIFIER	258	1/19
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	1-13/96
2	1-13/96
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Claim	Date
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SYMBOLS  
 ✓ Rejected  
 - Allowed  
 (Through numerical) Cancelled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

BEST AVAILABLE COPY

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